

**APPLICATION INSTRUCTIONS AND GUIDELINES  
FOR CLARK COUNTY OUTSIDE AGENCY GRANTS  
FY 2012/2013**

The Clark County Community Resources Management Division is soliciting **OAG Applications** for Fiscal Year 2012/2013 funding. Only those agencies who meet the application submittal requirements will be eligible to be considered for FY 2012/2013 OAG funds. After the review of all eligible applications, applicants will be notified at a later date on any funding recommendation decisions.

To be eligible for funding, a project must provide services and assistance that substantially benefits Clark County residents (NRS 244.1505). Projects that provide a substantial benefit are programs or services needed by disadvantaged citizens to increase their self-sufficiency and personal independence, programs or events that foster community pride or cohesiveness, and/or facilities and projects that strengthen the community's infrastructure. Generally, these OAG grants are intended to supplement services provided directly by the County, or are funded in lieu of the need for the County to establish such programs. **GRANT APPLICATIONS CAN ONLY BE ACCEPTED FROM NON-PROFIT ORGANIZATIONS AND LOCAL GOVERNMENT ENTITIES, NOT BY INDIVIDUALS OR BY FOR-PROFIT FIRMS.**

The application can be accessed via a web link found on the Clark County Community Resources Management webpage at:

[www.clarkcountynv.gov/depts/admin\\_services/comresmgmt/Pages/ZoomGrants.aspx](http://www.clarkcountynv.gov/depts/admin_services/comresmgmt/Pages/ZoomGrants.aspx)

**The deadline for submitting completed OAG applications is Thursday, September 6<sup>th</sup> 2012, at 4:00 p.m.**

**Note:** If applicant needs accommodations to access a computer please call 455-5025. Note that no advisory assistance will be given on the content of the application questions.

**Special Instructions for Governmental Entities**

As a governmental entity (City, Health District, etc.) you need not supply items that are not applicable, such as a copy of the IRS Tax Exemption letter, agency By-Laws, Financial Accounting Submittal, or the filing of Internal Revenue Service forms.

## APPLICATION INSTRUCTIONS

### Questions Section

**All questions need to be answered before submitted your application. If the question does not apply to you, type N/A.** There are additional instructions in the online application. This document supplements those instructions.

#### **1. Project Priority.**

If your agency is submitting multiple applications you will need to fill out one application per project or program. Indicate the priority of each project in each application. If this will be the only application is being submitted by your agency type n/a.

#### **2. DUNS Number.**

A required DUNS Number refers to the Data Universal Numbering System, which is a 9-digit number established by Dun and Bradstreet, Inc. (D&B) to uniquely identify business entities. A DUNS number may be obtained from D&B by telephone (1-888-814-1435) or the on the internet at <http://www.dunandbradstreet.com>.

A DUNS number ensures that the agency is registered with the federal Central Contractor Registration (CCR). The purpose of the CCR registration requirement is to fully implement the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109-282, hereafter referred to as “the Transparency Act”). That Act requires that a Web site be maintained where the public may access and search data on federal financial assistance awards.

#### **3. Project Type.**

Please check the box next to the project type that best describes the activities of your project. If your project does not easily “fit” into any of the above categories, please check “**Other**”.

- **Advocacy/ Community Outreach:** Awareness, advocacy, on behalf of a specific clientele/ cause
- **Case Management:** Services that aim to have client achieve the optimum level of wellness and functional capability
- **Child development:** Services that aid in improving children’s cognitive, social, emotional development
- **Family Development:** Services aiming to achieve the optimum level of wellness and functional capability of families
- **Community/Economic Development:** Projects/services that diversify the economy of Southern Nevada; encourage business development; relocation and the creation of job and industry clusters; creating new jobs
- **Asset Development / Financial Literacy:** Efforts that increase the community’s skills and knowledge to achieve and improve financial security and circumstances
- **Job Training:** Services improving employment skills (resume help, job connections, vocational job training)
- **Cultural/Arts:** Projects that foster cultural and artistic capacity/ awareness

- **Education/Literacy:** Projects that improving the general education of residents (ex. Reading programs, tutoring)
- **Energy Conservation:** Services aiming to reduce consumption of energy, and/or develop energy efficient cost cutting improvements
- **Food/ Nutrition:** Projects distributing food/ nutritional supplements to members of the community
- **Health/Mental Health:** Health projects provide direct medical, dental, vision, or mental health services to Clark County residents. Mental Health projects provide direct mental health services to Clark County residents
- **Housing/ Shelter:** projects/ programs that provide emergency shelter or housing to Clark County residents
- **Senior Services:** projects/ programs that provide services to seniors only
- **Other:** if your project does not easily “fit” into any of the above categories, please specify what type of service your project will provide to the citizens of Clark County.

#### 4. Target Population.

*These are generalizations. Please explain and specify the intended target population in question 6, project summary. You can go into more detail in question 6, for example, females between the ages of 11-14.*

- **Senior Citizens.** Persons 60 years of age and older. They may include single individuals living alone, two-person households, seniors raising grandchildren, seniors living with adult children, or seniors living in other arrangements (among others).
- **Infants/ toddlers.** Newborns, babies, and children up to three years of age.
- **Children.** Children between the ages of 4 and 12 years old.
- **Teen.** A person between the ages of 13 to -17 years old.
- **Young Adult.** A person between the ages of 18 and 25 years old.
- **Veterans/ Active Duty Military.** Persons who have served in the U.S. Armed Forces and may be eligible for services or income supports provided by the U.S. Department of Veterans Affairs, OR persons who are currently serving in the U.S. Armed Forces.
- **Disabled.** Persons living with a disability, as defined in any of the four definitions:
  - Defined in section 223 of the Social Security Act (42 U.S.C. 423);
  - Having a physical, mental, or emotional impairment that (a) is expected to be of long-continued and indefinite duration; (b) substantially impedes an individual's ability to live independently, and (c) is of such a nature that such a disability could be improved by more suitable housing conditions;
  - A developmental disability as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C 15002); or
  - The disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiological agent for AIDS
- **Homeless (According to the HEARTH “Homeless” Definiton Final Rule.**  
See the HEARTH “Homeless” Definition Final Rule.  
<http://hudhre.info/index.cfm?do=viewResource&ResourceID=4519>

***Homeless.***

**(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:**

(i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

(ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); or

(iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

**(2) An individual or family who will imminently lose their primary nighttime residence, provided that:**

(i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;

(ii) No subsequent residence has been identified; and

(iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing;

**(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:**

(i) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e–2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);

(ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;

(iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and

(iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities,

chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

**(4) Any individual or family who:**

(i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;

(ii) Has no other residence; and

(iii) Lacks the resources or support networks, e.g., family, friends, faith based or other social networks, to obtain other permanent housing.

**5. Organization Mission & Organization Services Description.**

Describe your organization's overall mission. Also **briefly** describe the different types of services your organization provides. Note, this is for the *overall agency* the next question is program/project specific.

**6. Project Summary.**

This will serve as a summary of your project proposal for application reviewers. SUMMARIZE in no more than 300 words (no more than one to two paragraphs), the PROJECT or PROGRAM for which you are requesting funds. Briefly describe the project goal, intended participants, and the planned use of OAG funds. *You will be able to elaborate in the next question's answer.*

**7. Project Description and Expected Outcomes.**

DESCRIBE THE PROJECT/ PROGRAM for which you are requesting funds and provide goals and expected outcomes. Indicate the approximate TOTAL NUMBER of individuals and/or families (specify which) you plan to serve. Please differentiate between the outcomes for individuals and families. The count may be a duplicated count. For example, if a particular individual receives food through your program in July 2012 and comes back in August 2012 for the same food service he/she may be counted twice.

This response should be more detailed than number 6. Also note that this information can be used for *Attachment 1: Project Outcomes Performance Measurement*.

**8. Project Outcomes- Unduplicated Count.**

Indicate the approximate NUMBER of UNDUPLICATED INDIVIDUALS and FAMILIES (specify which) you plan to serve through this project. This count should be an unduplicated count. For example, if a certain individual receives services at your agency one month in July and returns for the same service the next month in August, this person should be counted once for that year as receiving services through your agency.

**9. Project linkage to County Services.**

Identify linkages, services, or gaps of services being addressed by your project that directly relate to County services provided by University Medical Center, Clark County Social Service, Family Services, and the Juvenile Justice department. If applicable, provide evidence of collaboration with County divisions/departments. Evidence may be the indication of prioritizing client referrals originating from County departments, or reference to a Memoranda of Understanding (MOU) in place between your agency and a County department/division.

Identify how requested OAG funding would support County priorities and department needs. Your project should supplement services directly provided by the County or should fill a need that the County has not been able to provide. *In general, projects that provide a substantial benefit can also include programs or services needed by disadvantaged citizens to increase their self-sufficiency and personal independence, programs or events that foster community pride or cohesiveness, and/or facilities and projects that strengthen the community's infrastructure.*

**10. Indicate the Commission District covering the area where the majority of your services are being provided.**

The following link will lead you to a map of the different Commission Districts.

<http://www.clarkcountynv.gov/Depts/countycommissioners/Pages/CommissionerDistrictSearch.aspx>

The Districts and Commissioners representing each district are as follows:

District A: Commissioner Steve Sisolak  
District B: Commissioner Tom Collins  
District C: Commissioner Larry Brown  
District D: Commissioner Lawrence Weekly  
District E: Commissioner Chris Giunchigliani  
District F: Commissioner Susan Brager  
District G: Commissioner Mary Beth Scow

If you also wish to see which district your project is located you can also go to the Open Web website, <http://gisgate.co.clark.nv.us/openweb/> then click on search, then go to the address tab, type in your address and click on the property for property information. In the Property Information box click on Elected Officials and you will see your Commissioner listed and the Commission District. Note, in the Property Information box you will see also the Jurisdiction (for the next question).

**11. Project Jurisdiction and area.**

**Please indicate the areas where your services will primarily be provided.**

You can also look this up on the Open Web website; <http://gisgate.co.clark.nv.us/openweb/> then click on search, then go to the address tab, type in your address and click on the property for property information. The Property Information box will include the Jurisdiction (for the next question).

**12. Is your project new to your organization?**

Indicate if your project is new, an expansion to existing services, or a continuation of services provided by your agency. This question is not asking if this project is a renewal or non-renewal of OAG funds.

**13. New Project Justification.**

If project is new to your agency justify why it was created. Identify how your project will help fill any gaps in services. Explain if any analysis was conducted to validate the need to create your project. If project is not new, type in N/A.

**14. Project accomplishment history.**

Describe your project accomplishments over the last 3 years. Use specific and measureable indicators. Be descriptive of the services and outcomes/accomplishments.

You may break out the numbers in annual increments or on a more frequent level. Be sure to specify the time period. For example:

In 2011, 100 babies were provided with 100 blankets (1 blanket per baby)  
In 2012, 80 babies were provided with 80 blankets  
In 2010, 75 babies were provided with 75 blankets.

If project is new, type N/A.

**15. Financial Sustainability.**

Describe your plan for financial sustainability and ongoing program support. Explain how your agency plans to seek and establish funding sources other than Outside Agency Funding in the long-term.

A financial plan for ongoing program support will need to identify funding sources your agency *anticipates* receiving funding from, as well as those your agency *will attempt* to receive funding assistance from. A financial plan for ongoing support will reflect projected income sources for the next three to five years, identifying sources (e.g., “participant fees”, “fundraising dinner”, “Christmas Appeals”, “Artwork Sales”, “Thrift Store”, “Sponsorships”, etc.).

Note, the budget section of the online application will also ask for funding/revenue sources for one year, 2012-2013.

**16. County Funding History.**

Has this *project* been awarded County funds within the past three years? Please indicate yes or no. If your agency has received funding in the last three years but not the specific project please indicate in Question #17.

**17. Funding History Detail.**

Detail the amount and specify the County source for each of the past three years for which your project has received Clark County administered funding. If other projects within your agency received County funding, please specify. If no projects within your agency were OAG funded within the past 3 years type N/A.

**18. Project Similarities.**

Identify other agencies that provide similar services to your proposed project. Explain how your project's services differ from and overlaps with those providers.

**19. Provider Collaboration.**

Explain any efforts your agency has made to coordinate and collaborate with other agencies or service providers that provide similar services to similar populations. How has your agency avoided the duplication of services?

**20. Reminder of General Requirements.**

This question serves as a general reminder of the requirements. Note that this does not include all requirements. If you are recommended for funding the Outside Agency Grant resolution (the assistance agreement) will list major restrictions and requirements in more detail.

## **21. Reminder of General Financial Requirements.**

Once again, this is a summary and is not all inclusive. If you are recommended for funding the Outside Agency Grant resolution (the assistance agreement) will list major restrictions and requirements in more detail.

### *Reminders on Fiscal Management and Accountability*

1. County grants are disbursed as reimbursement only; grant funds are paid to grant recipients based on actual expenditures. The agency must first expend its own funds on the “activities” approved in the Resolution to Grant funds, and then submit appropriate documentation as a Request for Reimbursement.

a) Appropriate documentation includes a copy of the canceled check, a copy of the receipt or invoice detailing what was purchased or paid for, and limited information on client beneficiary (if expenditure was on behalf of client), and time sheets for staff showing hours devoted to the OAG specific project.

b) It is advisable that agencies have three months of operating reserves, as reimbursement of funds can take 30 days after receipt of appropriate documentation.

2. Recipient agencies must have:

a) Adequate accounting records that provide reliable, complete and up-to-date information about sources and uses of funds, including retention of “source documentation” (receipts, invoices, canceled checks, vouchers, etc.) for all financial transactions

b) Adequate internal controls that warrant against misuse of funds or unallowable expenditures;

c) Bank account in the name of the agency; and

d) All checks made payable to any Board Member or the Executive Director (reimbursements, mileage, payroll, etc.) must be signed by two authorized persons.

3. While County funds may be used to support year-end recognition events for volunteers and/or clients, County funds will not reimburse expenses related to fundraising activities, meals provided to staff, nor any alcoholic beverages.



### **Notes on Attachments and Supporting Documents Section**

There are instructions within the online application and the attached documents. Please refer to those instructions. These notes solely supplement those instructions.

**The first ten listed documents are required from ALL applicants.\* Six of these items are attachments that can be downloaded directly from ZoomGrants. They are as follows:**

- 1) Project Outcomes and Performance Measurement (Attachment 1),
- 2) Proposed Budget & Budget Justification (Attachment 2),
- 3) Proposed Leveraging Resources Sources (Attachment 3),
- 4) Compensation Disclosure form (Attachment 4),
- 5) Disclosure of Ownership form,

*Item 10: Certificate of Application*

**The other four documents are not attachments but still need to be uploaded onto ZoomGrants before the completion of the OAG application. These documents are as follows:**

- 6) Non- Profit Determination letter from IRS listing Tax Identification Number
- 7) Most Recent IRS form 990 (no older than the year 2010)
- 8) Financial Accountability documents
- 9) Charitable Organization Registration Certificate from Clark County Business Licensing

In addition, **applicants who did not receive funding within the last 3 years** need to upload all of the listed documents (items 11-13).

Articles of Incorporation

Organization's By-Laws

Spreadsheet of the Three Year Funding history

**\*Exception :** Government agencies/ division do not need to provide the Disclosure of Ownership, Compensation Disclosure, Non-Profit Determination Letter, most recent IRS Form 990, Financial Accountability Documents, or Charitable Organization Registration with Clark County. They will need to upload a memo stating that they are a governmental agency.

## **PROJECT PERFORMANCE OUTCOMES (Attachment 1)**

(See instructions in attachment)

## **Budget (Attachment 2)**

### **PROPOSED PROJECT BUDGET**

Please indicate the entire cost of the project as well as those portions where these funds will be used to pay specific costs. Please round to the nearest dollar and do not include cents. By disclosing the full project cost, you are: (1) demonstrating knowledge of the project and services being provided; (2) indicating the amount of funds leveraged by your County request; and, (3) assisting the County Commissioners in determining allocation amounts. Failure to provide both the full cost of the project and the requested funds amount may result in your application being pulled from consideration. Please indicate the percent of the total PROJECT and AGENCY budget the OAG request is for.

#### *Budget Notes*

- *Fundraising activities* may not be charged against these County funds, nor shall any voting member of the Board of Directors be paid as staff.
- Reimbursement for meals or food provided at meetings may be considered, but under no circumstances shall the costs for alcoholic beverages be reimbursed.
- Staff salaries being charged against County funds must have all proper taxes and deductions subtracted from their checks and appropriately paid to state and federal agencies:
  - Per IRS rules and regulations, staff must have all proper taxes and deductions subtracted from their checks; agency staff are not considered as consultants or independent contractors.
- *Staff salaries* are to be broken into two categories: (1) Administrative/ Operations salaries, and (2) salaries directly related to client services.
- Time sheets denoting amount of time spent on a project and indicating to which grant source(s) these costs are to be charged are required before the approval of the reimbursement of staff salaries.
- Office supplies should not exceed \$450 per FTE (full time employee).
- All projects receiving funding support from these County funds must obtain comprehensive fire and hazard insurance to cover the replacement cost of the project, comprehensive liability insurance and where appropriate, professional malpractice insurance, and a fidelity bond on all senior staff. Comprehensive automobile liability insurance in the amount of \$1,000,000 per incidence is also required if an automobile is used in performance of the project. Costs for these expenditures are eligible for reimbursement from the OAG grant.
- Note: if the amount indicated in "Total Project Cost Requested Portion Only" differs from the "Amount Requested," the lesser of the two figures will be submitted for funding consideration.

### **BUDGET JUSTIFICATION (continued)**

For each item where a portion of the cost will be paid for with these funds, indicate the method used to determine the funding request, identifying budget line item, what unit of measurement is used, cost per unit, number of units and total costs to be charged to this budget.

List the title and percent of salary for any staff that will be supported with County funds.

### **LEVERAGED RESOURCES (Attachment 3)**

Leveraged resources consist of firm commitments of funds or goods and services from another source that will be expended if the project takes place because it receives gap funding from this local government process. Leveraged resources also includes other resources – financial and in-kind – that will be available to support the project's goals once implemented. This may include free office space, donated IT support, donations of goods and services for clients that your agency or the client would otherwise have to pay, or volunteer hours dedicated.

### **Non-Profit (Charitable) Registration Certificate**

The certificate must be obtained through the Business License Department at Clark County. To expedite this process you may contact either Allison Gigante at 455-3584 or [AllisonG@ClarkCountyNV.gov](mailto:AllisonG@ClarkCountyNV.gov), or Karyn Keehr at [karynk@ClarkCountynv.gov](mailto:karynk@ClarkCountynv.gov)

### **APPLICANT CERTIFICATION**

**Please have the authorized representative of your Board of Directors sign and date the application.**

By signing the Applicant Certification, you are certifying that the governing body of your organization has duly authorized the application for these funds. Your organization should be able to comply with the following if funded:

- a) Organization has the institutional, managerial, and financial capacity (including cash reserves to cover up to three (3) months of program operations) to plan, manage and complete the program as described in this application, and
- b) Will administer the grant in compliance with Nonprofit Organizations (formerly OMB Circular A-110), and 2 CFR 230 – Cost Principles for Nonprofit Organizations (formerly OMB Circular A-122).

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**After all required sections of the online application have been completed and all required documents have also been uploaded, your application should be ready for on-line submittal.**

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**ONLINE APPLICATIONS ARE DUE BY**

**THURSDAY, SEPTEMBER 6, 2012 4:00 PM**